Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

Effective January 1, 2003												
		CLAIMS AS	S FILED - PART I (Column 1)		(Column 2)			SMALL ENTITY TYPE		OR	OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			61				RA	ΓE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		BASI	FEE	375.00	OR	BASIC FEE	750.00
TOTAL CHARGEABLE CLAIMS			- " IIIIIus 20=		* 41		X\$	9=		OR	X\$18=	738
INDEPENDENT CLAIMS			5 minus 3 = *		*	2	X4	2=		OR	X84=	168
MU	LTIPLE DEPEN	DENT CLAIM PR	RESENT				+14	0=		OFI	+280=)
* If	the difference	in column 1 is	less than zero, enter "0" in column 2				TO	AL		OR	TOTAL	165€
CLAIMS AS AMENDED - PART II											OTHER	THAN
		(Column 1)	(Column 2)			(Column 3)	SMALL ENTI		ENTITY	OR	SMALL	ENTITY
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIC PAID F	BER JUSLY	PRESENT EXTRA	RA	ΓE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	X\$	9=		OR	X\$18=	
	Independent	*	Minus	***		= '	X4	2=		OR	X84=	
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						 			Or.		
1,15,28,40,53,								0= OTAL		OR	+280=	
										OR	TOTAL ADDIT, FEE	
					_							
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIO PAID I	BER BUSLY	PRESENT EXTRA	RA	ΓE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	X\$	9=		OR	X\$18=	
	Independent	*	Minus	***	01.4114	=	X4:	2=		OR	X84=	
<u> </u>	FIRST PRESE	NTATION OF MU	JLTIPLE DEF	ENDENT	CLAIM		+14	O-			+280=	
·								O- OTAL		OH	TOTAL	
										OR	ADDIT. FEE	L
_		(Column 1) CLAIMS		(Colun		(Column 3)	l <u></u>					
AMENDMENT C		REMAINING AFTER AMENDMENT		NUME PREVIO PAID	BER OUSLY	PRESENT EXTRA	RA	ſΕ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	X\$	9=		OR	X\$18=	·
	Independent	*	Minus	***		=	X4:	2=		OR	X84=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							0=		On		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+280=	
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										OR	TOTAL ADDIT, FEE	
		mber Previously Pa					er found in t	he ap	propriate box	k in co	lumn 1.	